



PART B - FEE(S) TRANSMITTAL

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22917 7590 09/24/2007

MOTOROLA, INC.
1303 EAST ALGONQUIN ROAD
IL01/3RD
SCHAUMBURG, IL 60196

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_____ <i>Janette Orr</i> <i>Janette Orr</i>	(Depositor's name)
_____ <i>Janette Orr</i> <i>Janette Orr, 2007</i>	(Signature)
_____ <i>Janette Orr</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/675,739	09/30/2003	Kamran A. Qazi	CE10514R	5994
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TITLE OF INVENTION: METHOD AND APPARATUS FOR PREVENTING A SPURIOUS RETRANSMISSION AFTER A PLANNED INTERRUPTION OF COMMUNICATIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/24/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	01 FC:1501	1440.00 DA	
CASCA, FRED A		2617	370-328000	02 FC:1504	300.00 DA	

1. Change of correspondence address or indication of "Fcc Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Motorola, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Schaumburg, IL

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required Fcc(s), any deficiency, or credit any overpayment, to Deposit Account Number 50211 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Simon B. Anolick

Date 26 November 2007

Typed or printed name Simon B. Anolick

Registration No. 37,585

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